

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) DONIEL
AUFS DANIEL MCKINSLEY ANDERSON
 (Name of Plaintiff) (Inmate Number) 328043

1181 PADDOCK ROAD, SMYRNA DELAWARE
19907 (Complete Address with zip code)
#5400 17/001

07-245

(2) _____
 (Name of Plaintiff) (Inmate Number)

(Case Number)

(to be assigned by U.S. District Court)

(Complete Address with zip code)

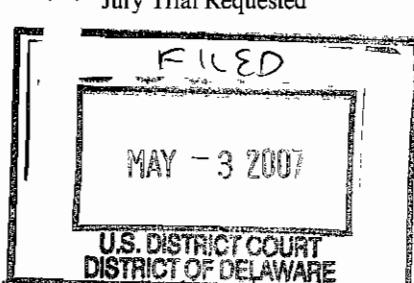
(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

ROSA MCKINSLEY vs.
 (1) NURSE DIRECTOR GAIL ELLER
 (2) MEDICAL DIRECTOR JOHN RUNDLE
BUREAU CHIEF PAUL HOWARD
 (3) DOCTOR RONALD PEPPER
 (Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:



II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • Yes • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • Yes • No
- C. If your answer to "B" is Yes:

1. What steps did you take? MEDICAL GRIEVANCES FILLED OUT AND PROCESSED TO THE END. ALSO CONTACTED IN-HOUSE AND OUT-STAFF MEMBERS TO RESOLVE ISSUE THAT HAVE BEEN ON-GOING
2. What was the result? NO CHANGE, SO THERE IS NO PROBLEM THAT THEY HAVE NOTICED FROM THEIR RECORDS, AND HAVE DENIED MY REQUEST FOR HELP AND ASSISTANCE.

- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant: DR. GAIL ELLER

Employed as NURSE DIRECTOR at DELAWARE CORRECTIONAL CENTER FOR
CORRECTIONAL MEDICAL SERVICES
Mailing address with zip code: _____

(2) Name of second defendant: JOHN RUNOLE

Employed as MEDICAL DIRECTOR at DELAWARE CORRECTIONAL CENTER FOR
CORRECTIONAL MEDICAL SERVICES
Mailing address with zip code: _____

(3) Name of third defendant: PAUL HOWARD

Employed as DRUG CHIEF at _____

Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. NURSES UNDER HER SUPERVISION HAVE NOT ADMINISTERED THE TRIPLE ANTI RETROVIRAL DRUG REGIMEN THAT I NEED CONSISTENTLY. I CONTACTED AND NOTIFYED HER OF THIS AND HAVE FILED PREVIOUS MEDICAL GRIEVANCES CONCERNING THIS. SHE AND I HAVE HAD CONFRONTATIONS ABOUT THIS, AND SHE DED HERSELF TO FILE A FALSE REPORT ON ME AND HAS TOLD ME "YOU IN PRISON",
2. I HAVE NOTIFYED HER OF THE MATTER OF NON-ADHERENCE TO THE ANTI RETROVIRAL DRUGS AND HOW THE NURSE DIRECTOR HAS MANAGED IT, SO I HAD TO COME TO HER TO FURTHER ADDRESS THE ISSUE AND ISSUES OF SYMPTOMS, CARE, DOCTOR VISITS WITH HER, TO NO EFFECT
3. THIS PERSON HAS DENIED ALL OF MY CLAIMS OF MEDICAL GRIEVANCES SURROUNDING AND DIRECTLY DEALING WITH THE PROBLEMS WITH (MEDICAL STAFF, NURSING STAFF, C.M.S.) THEM ADDRESSING ME WITH MY ~~THE~~ ANTI-RETROVIRAL DRUG REGIMEN.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I WOULD APPRECIATE THE COURT FOR SHOWING THE INTEREST OF WHAT I AM ADDRESSING TO BE TRUE. THIS TURNING UP SOMETHING TO SHOW THE PUBLIC, AND TO ADDRESS THE FUTURE DANGERS AND DAMAGES THAT HAS MOST LIKELY BEEN CAUSED IN THIS SERIOUS MEDICAL ILLNESS EFFECTS IT HAS ON THE IMMUNE SYSTEM AND THE ENTIRE BODY WITH AND WITH-OUT THE PROPER DRUGS, ALSO TO SHOW THE POSSIBLE EFFECT IF DRUGS ARE NOT TAKEN CORRECTLY AS IS DESIGNED.

2.

3.

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I declare under penalty of perjury that the foregoing is true and correct.

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Signed this 28 day of APRIL, 2007.

Regis Daniel McDonald Anderson
(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

IN MR. RUFUS D. MC. ANDERSON
SB# 328043 UNIT SHU/15CL
DELAWARE CORRECTIONAL CENTER
1181 FADDICK ROAD
SMYRNA, DELAWARE 19971



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U. S. DISTRICT COURT
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844 N. KING STREET
WILMINGTON, DELAWARE
19801

